



Newington Parks & Recreation

COUNSELOR EXPERIENCE **Application – 2011**

(Please include Letter of Recommendation and Registration Form when applying – deadline is June 1)

Participant's First Name: _____

Last Name: _____

Male / Female Date of Birth: _____

Grade Completed June 2011: _____

Address: _____

Town: _____

Home Phone: _____

Participant's Cell Phone: _____

Parent 1: _____

Parent 1 Cell Phone: _____

Parent 2: _____

Parent 2 Cell Phone: _____

Emergency Contact Information: Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached.

Name: _____

Relationship to Participant: _____

Home Phone: _____

Cell Phone: _____

1. Why are you applying for participation in the Counselor Experience Program?

2. What benefits do you hope to gain from participating in the program?

3. What skills do you have that enable you to succeed in this position?

4. What do you think are the most important qualities someone should have in order to work with children?

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5. What extracurricular activities are you involved in?

6. List any work experience (both volunteer and paid) that you may have.

7. Additional comments or pertinent information you wish to add:

I hereby certify this information is true and correct.

Signature of Participant

Date

Signature of Parent or Guardian

Date

➤ **Please attach a letter of recommendation to this form.**

~ Application, Letter of Recommendation and Registration Form must be received in the Newington Parks
& Recreation office by June 1st at 4:30 p.m. ~